

FACILITY NAME AND PERMIT NUMBER:

Eagle Eyrie Baptist Conference Center STP

VA 0027553



Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.4 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name **Eagle Eyrie Baptist Conference Center**

Mailing Address **1 Eagle Eyrie Drive**
Lynchburg, VA 24503

Contact Person **Jeffrey A. Poff**

Title **Director of Physical Plant Operations**

Telephone Number **(434) 384-2211**

Facility Address
(not P.O. Box) **Same as Above**

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name **Virginia Baptist Mission Board**

Mailing Address **2828 Emerywood Pkwy**
Richmond, VA 23294-3718

Contact Person **Eddie Stratton**

Title **Treasurer/ Business Manager, VBMB**

Telephone Number **(804) 915-5000 ext. 1270**

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES **VA 0027553**

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Eagle Eyrie Conf.</u>	<u>1-1,000 guests</u>	<u>separate</u>	<u>private</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served **1-1,000 guests**

FACILITY NAME AND PERMIT NUMBER:

Eagle Eyrie Baptist Conference Center STP

VA 0027553

Form Approved 1/14/99
OMB Number 2040-0086



A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .0395 mgd

Two Years Ago

Last Year

This Year

b. Annual average daily flow rate

.01318

.0098

.0061

c. Maximum daily flow rate

.0344

.0375

.0374

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer

100 %

☐ Combined storm and sanitary sewer

_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes

☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent

1

ii. Discharges of untreated or partially treated effluent

None

iii. Combined sewer overflow points

None

iv. Constructed emergency overflows (prior to the headworks)

None

v. Other _____

N/A

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes

☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s)

_____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater?

☐ Yes

☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site:

_____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes

☒ No

FACILITY NAME AND PERMIT NUMBER:

Eagle Eyrie Baptist Conference Center STP

VA 0027553



Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number (____) _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number (____) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Eagle Eyrie Baptist Conference Center STP

VA 0027553



Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location N/A
(City or town, if applicable) (Zip Code)
Bedford VA
(County) (State)
79 16' 41" 37 29' 03"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate .0130 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 283 days in 2007
- Average duration of each discharge: approx 3 hours/ discharge
- Average flow per discharge: .0061 mgd
- Months in which discharge occurs: every
- g. Is outfall equipped with a diffuser? ☒ Yes ☐ No

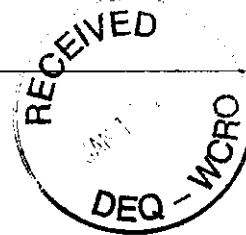
A.10. Description of Receiving Waters.

- a. Name of receiving water UT to James River (Judith Creek)
- b. Name of watershed (if known) James River, Upper
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): James River
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable)
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Eagle Eyrie Baptist Conference Center STP

VA 0027553

Form Approved 1/14/99
OMB Number 2040-0086**A.11. Description of Treatment**

a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☒ Advanced☐ Other. Describe: SBR with nitrogen removal

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal at least 85 %Design SS removal at least 85 %Design P removal N/A %Design N removal at least 90 %

Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Ultraviolet light

If disinfection is by chlorination is dechlorination used for this outfall?

☐ Yes☐ No

d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	9.6	s.u.			
Flow Rate	.0374	mgd	.0061	mgd	283
Temperature (Winter)	21	cent.	5.2	cent.	90
Temperature (Summer)	40	cent.	26.6	cent.	93

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	12	mg/l	5.3	mg/l	12	SM 5210B	2 mg/l
	CBOD5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)		58	mg/l	19.3	mg/l	12	SM 2540D	4 mg/l

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Eagle Eyrie Baptist Conference Center STP

VA 0027553

5142
Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Rodney B. Miller

Signature Rodney B. Miller

Telephone number (434) 384-2211

Date signed January 24, 2008

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer No to all above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☒ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).



FACILITY NAME: Eagle Eyrie Baptist Conference Center VPDES PERMIT NUMBER: VA 0027553

SECTION A. GENERAL INFORMATION

All applicants must complete this section.



1. Facility Information.

- a. Facility name: Eagle Eyrie Baptist Conference Center
- b. Contact person: Jeffrey A. Poff
Title: Director of Physical Plant Operations
Phone: (434) 384-2211
- c. Mailing address: 1 Eagle Eyrie Drive
Street or P.O. Box:
City or Town: Lynchburg State: VA Zip: 24503
- d. Facility location: SAME
Street or Route #:
County:
City or Town: _____ State: _____ Zip: _____
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.0395 mgd
- g. Total population served: 1-1,000 seasonal guests
- h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Virginia Baptist Mission Board
- b. Mailing address:
Street or P.O. Box: 2828 Emerywood Pkwy
City or Town: Richmond State: VA Zip: 23294-3718
- c. Contact person: Mr. Eddie Stratton
Title: Treasurer/ Business Manager

Phone: (804) 915-5000
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☒ operator (Eagle Eyrie)
- d. Should correspondence regarding this permit be directed to the facility or the applicant?
☒ facility ☐ applicant

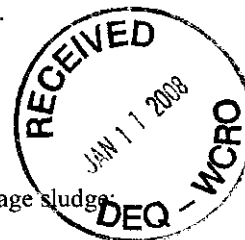
3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA 0027553
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: NONE

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

FACILITY NAME: Eagle Eyrie Baptist Conference Center VPDES PERMIT NUMBER: VA 0027553

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? Yes ☒ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: _____
Mailing address: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
Phone: () _____
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge: _____
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.



POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- x Section A (General Information)
 x Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
 Section C (Land Application of Bulk Sewage Sludge)
 Section D (Surface Disposal)

FACILITY NAME: Eagle Eyrie Baptist Conference Center VPDES PERMIT NUMBER: VA 0027553

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Rodney B. Miller, Executive Director

Signature Rodney B. Miller Date Signed

Telephone number 434-384-2211

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.



**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 5.75 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name:
 - b. Contact Person:
Title:
Phone ()
 - c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address:
(not P.O. Box)
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:



3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
Class A ☒ Class B Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Please see attached description

 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
 - ☐ Option 1 (Minimum 38 percent reduction in volatile solids)
 - ☐ Option 2 (Anaerobic process, with bench-scale demonstration)
 - ☐ Option 3 (Aerobic process, with bench-scale demonstration)
 - ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 - ☐ Option 5 (Aerobic processes plus raised temperature)
 - ☐ Option 6 (Raise pH to 12 and retain at 11.5)
 - ☐ Option 7 (75 percent solids with no unstabilized solids)
 - ☐ Option 8 (90 percent solids with unstabilized solids)
 - ☐ None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Please see attached description

 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
5.75 dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
 ___Yes xNo

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

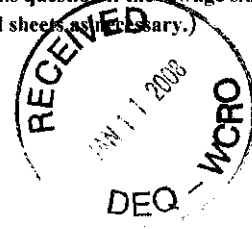
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name:
- b. Facility contact:
 Title:
 Phone: ()
- c. Mailing address:
 Street or P.O. Box:
 City or Town: _____ State: _____ Zip: _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: _____ Type of Permit: _____



- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

___Class A ___Class B ___Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

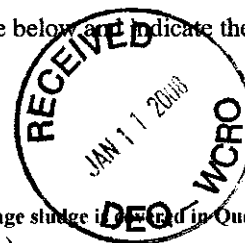
- ___ Option 1 (Minimum 38 percent reduction in volatile solids)
- ___ Option 2 (Anaerobic process, with bench-scale demonstration)
- ___ Option 3 (Aerobic process, with bench-scale demonstration)
- ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- ___ Option 5 (Aerobic processes plus raised temperature)
- ___ Option 6 (Raise pH to 12 and retain at 11.5)
- ___ Option 7 (75 percent solids with no unstabilized solids)
- ___ Option 8 (90 percent solids with unstabilized solids)
- ___ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
 ___Yes ___No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☐ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.



7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is used in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

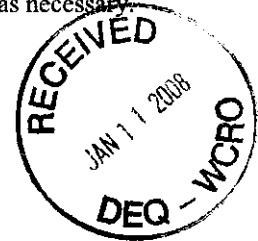
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
☐ Yes ☐ No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: _____ Type of Permit: _____

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
☐ Yes ☐ No
 If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: _____
- d. Contact person: _____
 Title: _____
 Phone: () _____
 Contact is: ☐ Incinerator Owner ☐ Incinerator Operator
- e. Mailing address.
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____



10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: Bedford County Waste Management Facility
- b. Contact person: Sheldon Cash
 Title: Solid Waste Manager
 Phone: (434) 586-7656
 Contact is: ☐ Landfill Owner ☒ Landfill Operator
- c. Mailing address.
 Street or P.O. Box: 122 East Main St., Suite 210
 City or Town: Bedford State: VA Zip: 24523
- d. Landfill location.
 Street or Route #: Route 43, Approximately 6 miles south of Bedford City
 County: Bedford
 City or Town: Bedford State: VA Zip: 24523
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
5.75 dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: VA #560 Type of Permit: Municipal Permit
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
☒ Yes ☐ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ☐ Yes ☐ No

FACILITY NAME: Eagle Eyrie Baptist Conference Center VPDES PERMIT NUMBER: VA 0027553

- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? x Yes No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Please see attachment



Eagle Eyrie Baptist Conference Center
Wastewater Treatment Plant Operation
Sludge Disposal
Route Hauling Map

Dried sludge removed from the sludge drying beds at the above referenced facility will be removed and transported by truck to the Bedford County Landfill using the following route directions.

1. Exit the wastewater treatment plant, turn north onto Route 501 toward Big Island.
2. Proceed approximately 7.5 miles on Route 501 North thru Big Island to the intersection of Routes 501 North and 122 South.
3. Turn left or south onto Route 122 South toward the City of Bedford.
4. Proceed approximately 18.0 miles on Route 122 South to its intersection with Route 221 in the City of Bedford.
5. Proceed through the stop light, continuing on Route 221 (currently named Independent Blvd.) approximately 1.8 miles to the intersection with Route 460 Business. Turn left onto Link Road (Route 714) and proceed under the Route 460 By-Pass Overpass, continuing on Link Road to its intersection with Smith Street, a distance of approximately 0.7 miles.
6. Continue on Route 714, currently named Falling Creek Road in Bedford County, approximately 2.0 miles to its intersection with Route 723.
7. Turn right onto Route 723; proceed approximately 1.2 miles until its intersection with Route 43 South.
8. Turn left onto Route 43 South and proceed approximately 2.0 miles south to the landfill entrance on the right; entrance approximately $\frac{1}{4}$ miles south of the intersection of Route 43 with Route 667.



Eagle Eyrie Baptist Conference Center

1 Eagle Eyrie Drive, Lynchburg, VA 24503

Telephone: 434-384-2211

Fax: 434-384-1891

E-Mail: eagleeyrie1@aol.com



October 2, 2007

Attachment for Section B Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge 3b & 3d.

3b: We practice Aerobic Digestion of sludge in the Decant Tank which reduces pathogens in sewage sludge

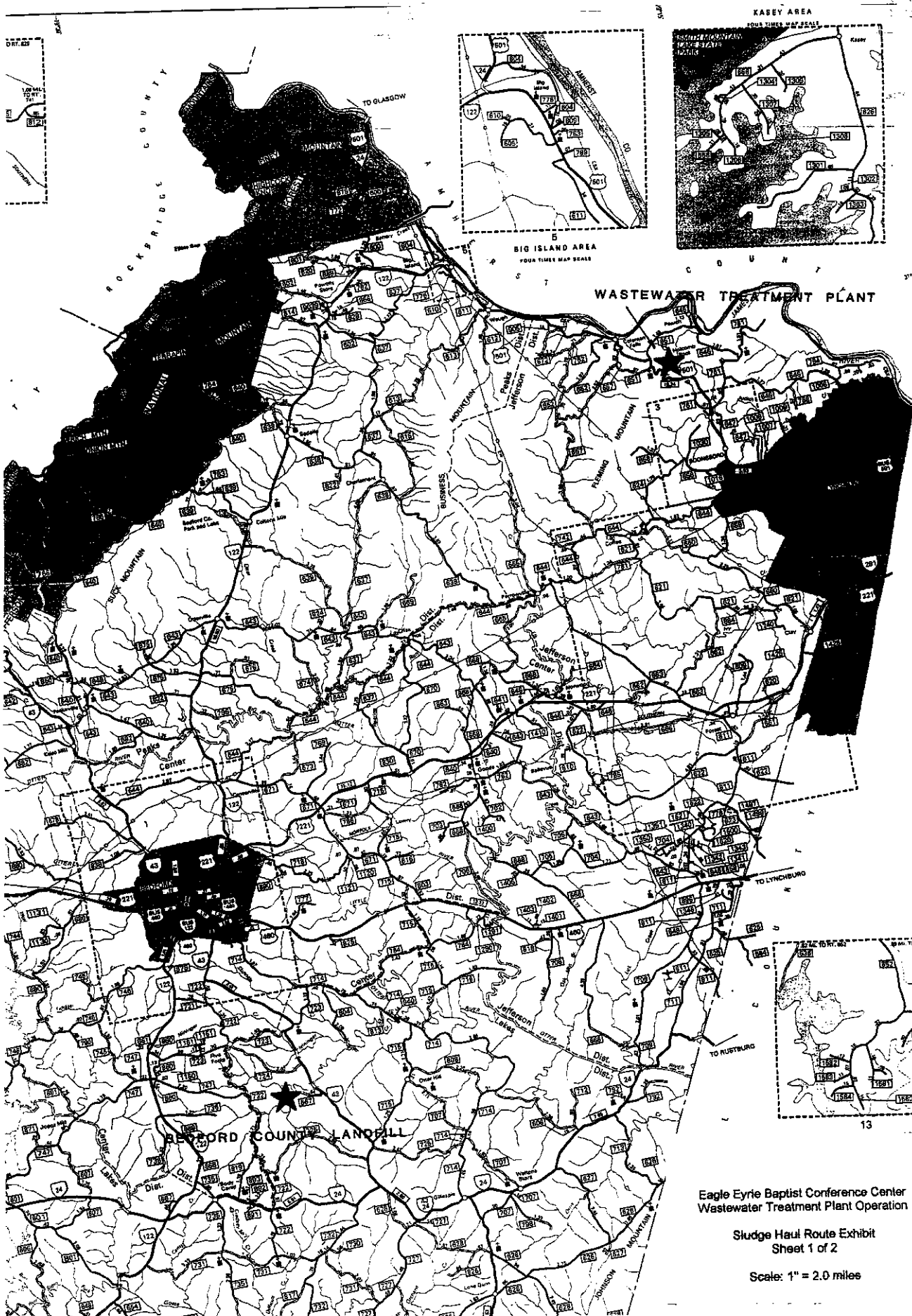
3d: We reduce vector attraction properties of sewage sludge by aerobic digestion in the Decant Tank with air drying of the sludge on sand drying beds

Sincerely,

Jeffrey A. Poff

Director of Physical Plant Operations

Eagle Eyrie Baptist Conference Center



Eagle Eyrie Baptist Conference Center
Wastewater Treatment Plant Operation

Sludge Haul Route Exhibit
Sheet 1 of 2

Scale: 1" = 2.0 miles

